


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90178 050 ***150.00



*PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000047112					
1. Corporation Name NOVACARE REHAB AGENCY OF FLORIDA, INC.					
Principal Place of Business 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406			Mailing Address 1016 WEST NINTH AVENUE KING OF PRUSSIA PA 19406 <i>Attn: Legal Dept.</i>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/30/1995 4. FEI Number 59-3320030 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, TIMOTHY E		1.2 NAME		
STREET ADDRESS	1016 WEST NINTH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		1.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEALY, ROBERT E DR		2.2 NAME		
STREET ADDRESS	1016 WEST NINTH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA PA		2.4 CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIXON, DARYL		3.2 NAME	<i>Welsh, Mark</i>	
STREET ADDRESS	1016 WEST NINTH AVENUE		3.3 STREET ADDRESS	<i>1016 W. Ninth Ave.</i>	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406		3.4 CITY-ST-ZIP	<i>King of Prussia, PA 19406</i>	
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEHR, BRAD		4.2 NAME		
STREET ADDRESS	1016 WEST NINTH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA PA		4.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEWLEY, PETER		5.2 NAME	<i>Binstern, Richard</i>	
STREET ADDRESS	1016 WEST NINTH AVE		5.3 STREET ADDRESS	<i>1016 W. Ninth Ave.</i>	
CITY-ST-ZIP	KING OF PRUSSIA PA		5.4 CITY-ST-ZIP	<i>King of Prussia PA 19406</i>	
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, RICHARD		6.2 NAME		
STREET ADDRESS	1016 W 9TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	KING OF PRUSSIA PA		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or of an attachment with an address, with all other like empowered.

SIGNATURE:

Richard S. Binstern *1/1/99* *610-992-7200*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)